

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

AUG 19 2005

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 13086	2. Fiscal Year Covered From: 01 / 01 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Leonard L Sebresos P.O. Box, Bldg., Room No., if any Street 91-1662 Halolani Street City Ewa Beach State HI ZIP Code + 4 96706	4. Name, file number, and address of labor organization. Name Asbestos Workers AFL-CIO LU 132 Labor Organization File Number 054-642 P.O. Box, Building and Room Number, if any 206 Street 707 Alakea Street City Honolulu State HI ZIP Code + 4 96813
5. Position in labor organization. Business Manager, Corresponding & Financial Sec.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Leonard L Sebresos

On

8/12/05
Date

808 521-6405
Telephone Number

Name of Person Filing	LEONARD L. SEBRESOS	FCE Number U-	
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Asbestos Workers of Hawaii Pension Trust Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 625</p> <p>Street 677 Ala Moana Blvd.</p> <p>City Honolulu</p> <p>State HI ZIP Code + 4 96813-5419</p>	<p>9. Business deals with:</p> <p>XX a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Chairman of the Trust Funds.</p> <p>Patricia Sebresos spouse of (Leonard Sebresos) handles Pension Loan Program for all participants Leonard Attending all meetings annual & quarterly Attends educational Conference.</p> <p>Patricia (spouse) attends meetings</p> <p>11.b. Approximate dollar value of such dealing. See attachments</p> <p>12.a. Nature of interest held or income received.</p> <p>Leonard- Meeting - \$359.00</p> <p>Leonard - Conference - \$6,894.00</p> <p>Patricia Sebresos - payroll - \$8,016. (net)</p> <p>Patricia Sebresos - Meeting - \$359.00</p> <p>12.b. Amount. \$15,628.00</p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing	LEONARD L. SEBRESOS	File Number U-	
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Asbestos Workers of Hawaii Training Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 625

Street 677 Ala Moana Blvd.

City Honolulu,

State HI

ZIP Code + 4 96813-5419

9. Business deals with:

XXa. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Chairman of the Board & Coordinator of the Joint Apprenticeship Program. Coordinator classes, meeting to provide adequate training to have skilled workers and to defray reasonable expense of administration cost necessary to obtain employment.

11.b. Approximate dollar value of such dealing. See attachment

12.a. Nature of interest held or income received.

Meeting - \$4.00

Payroll - \$11,052.00

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing LEONARD L. SEBRESOS	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Asbestos Workers of Hawaii Supplemental Unemployment Benefits Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 625</p> <p>Street 677 Ala Moana Blvd.</p> <p>City Honolulu</p> <p>State Hawaii ZIP Code + 4 96813-5419</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Chairman of the Trust Funds.</p> <p>Oversee contribution are received for the exclusive purpose of providint benefits.</p> <p>Patrica Sebresos (spouse of Leonard Sebresos) employed by the funds to make reports and pay out benefits to participants.</p>
	<p>11.b. Approximate dollar value of such dealing. See attach</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Leonard Meeting - 10.00</p> <p>Patricia Meeting \$10.00</p> <p>Payroll - \$8,016.00</p>
	<p>12.b. Amount. \$8,036.00</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment:</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment:</p>

Name of Person Filing	LEONARD L. SEBRESOS	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Asbestos Workers of Hawaii Health & Welfare Trust fund
Trade Name, if any:

P.O. Box, Bldg., Room No., if any 625

Street 677 Ala Moana Blvd.

City Honolulu

State HI

ZIP Code + 4 96813-5419

9. Business deals with:

XX a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Chairman of the Trust Funds
Makes improvements in behalf of participants
attends quarterly, annual meeting and conference
to keep inform. of the necessary changes in
benefits.

11.b. Approximate dollar value of such dealing. See attach

12.a. Nature of interest held or income received.

Meeting - \$115.00
Conference - \$2,043.00

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Benefit Plan Consultants (Hawaii), Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 710

Street 1221 Kapiolani Blvd.

City Honolulu

State HI

ZIP Code + 4 96814-3558

14.a. Nature of payment.

Attend meeting to advance benefits in the
Health & Welfare program.
Patricia Sebresos (spouse) attends also
as one who provides customer service to
participants (members)

13.b. Is the Business an Employer

or Consultant ?

14.b. Amount of payment.

See attach

\$193.00

Name of Person Filing	LEONARD L. SEBRESOS	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Asbestos Workers of Hawaii Supplemental Pension Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 625</p> <p>Street 677 Ala Moana Blvd.</p> <p>City Honolulu</p> <p>State HI ZIP Code + 4 96813-5419</p>	<p>9. Business deals with:</p> <p>XXa. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Chairman of the Trust Funds. Taft-Hartley benefit Trust. Implements changes and improvement to better benefits for all participants. Attending meeting, education conference.</p> <p>11.b. Approximate dollar value of such dealing. See attachment</p> <p>12.a. Nature of interest held or income received.</p> <p>to better provide benefits for participants Attends meeting, educational conference. Meeting - \$206.00 Conference - \$3,736.00</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

6/10

ASBESTOS WORKERS	
Information for LM-30	
Union member:	Sebrescos, Leonard
Fiscal Year:	1/04 - 12/04

MEETINGS				
FUND	DATE	PLACE	PER PERSON	COMMENTS
Pension	3/4/04	Fisherman's	\$29.51	
	5/14/04	Turtle Bay	\$264.07	
	8/11/04	Fisherman's	\$30.02	
	11/16/04	Fisherman's	\$35.15	
	subtotal		\$358.75	
SPF	3/4/04	Fisherman's	\$16.96	
	5/14/04	Turtle Bay	\$151.76	
	8/11/04	Fisherman's	\$17.26	
	11/16/04	Fisherman's	\$20.20	
	subtotal		\$206.18	
H&W	3/4/04	Fisherman's	\$9.42	
	5/14/04	Turtle Bay	\$84.28	
	8/11/04	Fisherman's	\$9.58	
	11/16/04	Fisherman's	\$11.22	
	subtotal		\$114.50	
SUB	3/4/04	Fisherman's	\$0.82	
	5/14/04	Turtle Bay	\$7.35	
	8/11/04	Fisherman's	\$0.84	
	11/16/04	Fisherman's	\$0.98	
	subtotal		\$9.99	
Training	3/4/04	Fisherman's	\$0.34	
	5/14/04	Turtle Bay	\$3.01	
	8/11/04	Fisherman's	\$0.34	
	11/16/04	Fisherman's	\$0.40	
	subtotal		\$4.09	
TOTAL			\$693.51	

CONFERENCES				
FUND	DATE	PLACE	PER PERSON	COMMENTS
Pension	5/27-31/04	HUB Conf.	\$1,356.19	
	6/13-16/04	Trust & Admin	\$2,335.17	
	11/29-12/4/04	50th Annual	\$3,202.95	
	subtotal		\$6,894.31	
SPF	5/27-31/04	HUB Conf.	\$734.94	
	6/13-16/04	Trust & Admin	\$1,265.46	
	11/29-12/4/04	50th Annual	\$1,735.72	
	subtotal		\$3,736.12	
H&W	5/27-31/04	HUB Conf.	\$401.87	
	6/13-16/04	Trust & Admin	\$691.97	
	11/29-12/4/04	50th Annual	\$949.11	
	subtotal		\$2,042.95	
TOTAL			\$12,673.38	

PAYROLL**TRAINING**

Gross	\$14,400.00
SWT	-\$744.00
FICA	-\$892.80
MED	-\$208.80
FWT	-\$1,502.40
Net	<u>\$11,052.00</u>

RECAP

Meetings	\$693.51
Conference	\$12,673.38
Payroll	<u>\$14,400.00</u>
TOTAL	\$27,766.89

ASBESTOS WORKERS	
Information for LM-30	
Union member:	Sabresos, Tricia
Fiscal Year:	1/04 - 12/04

MEETINGS				
FUND	DATE	PLACE	PER PERSON	COMMENTS
Pension	3/4/04	Fisherman's	\$29.51	
	5/14/04	Turtle Bay	\$284.07	
	8/11/04	Fisherman's	\$30.02	
	11/16/04	Fisherman's	\$35.15	
	subtotal		\$358.75	
SPF	3/4/04	Fisherman's	\$18.86	
	5/14/04	Turtle Bay	\$151.76	
	8/11/04	Fisherman's	\$17.26	
	11/16/04	Fisherman's	\$20.20	
	subtotal		\$208.18	
H&W	3/4/04	Fisherman's	\$9.42	
	5/14/04	Turtle Bay	\$84.28	
	8/11/04	Fisherman's	\$9.58	
	11/16/04	Fisherman's	\$11.22	
	subtotal		\$114.50	
SUB	3/4/04	Fisherman's	\$0.82	
	5/14/04	Turtle Bay	\$7.35	
	8/11/04	Fisherman's	\$0.84	
	11/16/04	Fisherman's	\$0.98	
	subtotal		\$9.99	
Training	3/4/04	Fisherman's	\$0.34	
	5/14/04	Turtle Bay	\$3.01	
	8/11/04	Fisherman's	\$0.34	
	11/16/04	Fisherman's	\$0.40	
	subtotal		\$4.09	
TOTAL			\$693.51	

PAYROLL			
	PENSION	SUB	VACATION
Gross	\$10,800.00	\$10,800.00	\$4,800.00
SWT	-\$720.00	-\$720.00	-\$230.40
FICA	-\$669.50	-\$669.50	-\$297.60
MED	-\$158.72	-\$158.72	-\$69.60
FWT	-\$1,237.68	-\$1,237.68	-\$338.40
Net	\$8,016.00	\$8,016.00	\$3,864.00

RECAP	
Meetings	\$693.51
Payroll	\$26,400.00
TOTAL	\$27,093.51



BENEFIT PLAN CONSULTANTS (HAWAII) INC.

Consultants — Actuaries

July 18, 2005

Mr. Leonard Sebresos
Asbestos Workers Local 132
707 Alakea Street, #206
Honolulu, Hawaii 96813

SUBJECT: INFORMATION FOR COMPLETION OF LM-30

Dear Mr. Sebresos:

In compliance with the Labor-Management Reporting and Disclosure Act (LMRDA), the following information will be included in Benefit Plan Consultant's LM-10 Report. This is being provided to assist you in completion of your LM-30 Report:

<u>Date</u>	<u>Item</u>	<u>Value</u>
<u>Leonard Sebresos</u>		
4/13/04	Kincaids – Lunch	\$26.12
8/05/04	Kincaids – Lunch	\$28.55
12/04	Christmas Gift – Cigars & Wine	\$83.94
<u>Tricia Sebresos</u>		
4/13/04	Kincaids – Lunch	\$26.12
8/05/04	Kincaids – Lunch	\$28.55

Should you have any questions, please contact your CPA. Thank you.

Sincerely,

Claire B. I. Nakamoto
Vice President

CBIN:dsy

193.28

119/10

